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INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected be maintenance fee notification	respondence including the lead of the lead	smitting the ISSU Patent, advance ord in Block I, by (a)	E FEE and PUB ders and notificate ) specifying a new	LICATION FEE (if required on of maintenance fees to correspondence address	ired). Blocks 1 through 5 will be mailed to the currer; and/or (b) indicating a se	should be completed where tt correspondence address as parate "FEE ADDRESS" for		
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CLEVELAND, OF 08/30/2005 SSESHE2 000	[ 44114 000024 10045673		PAOEMARY OF	transmitted to the OSF	Endy A. FRIC	(Depositor's name)		
1 FC:2501 2 FC:1504	700.00 OP 300.00 OP			Aug	Wendy a.	fuck (Signature)  5 (Date)		
APPLICATION NO.	FILING DATE	1	FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/045,673	11/09/2001		Gary B. Schne	ider	25080/04000	2448		
TITLE OF INVENTION: A	GENTS AND METHODS F	OR PROMOTING	BONE GROWT	1				
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$700		\$300	\$1000	09/14/2005		
EXAMINER		ART UN	IT	CLASS-SUBCLASS	]			
TELLER, ROY R 165			530-322000					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Northeastern Ohio Universities College of Medicine Rootstown, Ohio Temple University Philadelphia, Pennsylvania								
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🙀 Corporation or other private group entity 🚨 Government								
4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-0172 (enclose an extra copy of this form).					
a. Applicant claims Sh	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.			LL ENTITY status. See 37 (			
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	s requested to apply the Issuablication Fee (if required) wrds of the United States Pate	e Fee and Publicat vill not be accepted ent and Trademark	ion Fee (if any) or from anyone othe Office.	to re-apply any previous r than the applicant; a reg	ly paid issue fee to the application is tered attorney or agent; or	cation identified above. the assignee or other party in		
Authorized Signature	Jamela (	le Doca	orly	Date	ugust Ileis	005		
Typed or printed name	Pamela A. Doc	herty		Registration	No. 40,591			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Wendy A. Frick

Wendy A. Frick

Wendy A. Frick

IN THE UNITED STATES F

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schneider, et al.		)	Examiner: Teller, Roy R.
Serial No.:	10/045,673	)	Art Unit: 1654
Filed:	November 9, 2001	)	
	NTS AND METHODS FOR	)	Attorney Docket No.: 25080/04000

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## TRANSMITTAL OF ISSUE FEE

Sir:

Transmitted herewith are the following:

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- 3. A Return Receipt Postcard.

It is believed that no further fee is required relating to the filing of this document. If this is not the case, the Patent Office is hereby authorized to charge any related fee to Deposit Account No. 03-0172. A duplicate copy of this sheet is attached.

Respectfully submitted,

Date: (Jugust 26,2005

Pamala A Dagharty Ros No

Pamela A. Docherty, Reg. No. 40,591

(216) 622-8416